

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS

Dallas Division

AUG 22 2013

CLERK, U.S. DISTRICT COURT
By [Signature]
DeputyRene D. Bravo
Plaintiff**8-13CV3335 - D**

Civil Action No.

v.
United States of America
DefendantCOMPLAINT

What with the illegal influx of people from other "Countries", I have been suffering! I am a 3rd generation American, Viet Nam Vet, Father was a WWII Veteran, on and on and on!
Now I can't even walk the streets!

Date

AUG 22, 2013

Signature

[Signature]

Print Name

Rene D. BRAVO

Address

4014 FAIRMOUNT

City, State, Zip

Dallas, TX 75219

Telephone

I get into too much trouble! Every day!

People stalk me, they insult me, try to run over me, etc. etc.

Why is this? It is because the United States has failed to bring the illegal immigration issue under control!

Who suffers? I do! I am $\frac{3}{4}$ Mexican and $\frac{1}{4}$ white! But it is the Mexican that shows! Sorry to say but this is what people play on.

Who's got the time to get to know people in the everyday hustle and bustle of life? No-one, not even me!

So people play on my appearances.

Anyway, I have been in a lot of trouble because of this. I submit that it is the fault of the United States Government, who did nothing to prevent this occurrence from getting out of hand, ~~in the first place~~, who is to blame and needs to answer!

Enclosed please find a copy of a Doctor's report that was generated the day I got beat up by 2 Hispanic kids at the train platform!

**Emergency Services After
Visit Summary****Parkland Health & Hospital System 5201 Harry Hines Blvd
Dallas, Texas 75235 214-590-8000**

Bravo, Rene #1343184(HAR: 612385001) (CSN: 337228126) (62 year old M)

EDMAIN-4CH-4CH Adm: 4/29/13) Emergency

Allergies as of 4/29/2013

**Review
Complete On: 4/29/2013 By: Omoruyi,
Osadebamwen Julie, RN**

No Known Allergies

Chief Complaint**Assault Victim [160026]****Diagnoses**

Laceration of head

Facial contusion

ED Diagnosis

Laceration of head

Facial contusion

ED Disposition

Discharge

Current Prescriptions

None

Home Medications****Please discuss the medications that are not marked as active with your
primary care provider.******Immunization History as of 4/29/2013**

Never Reviewed

Tdap

4/29/2013

Follow-up InformationFollow up With
ED MAINDetails
in 1 weekComments
for staple removalContact Info
5201 Harry Hines Blvd.
Dallas Texas 75235-
7708
214-590-8108**PCP and Location**

PCP

-

Location
EMERGENCY SERVICES[2501]**Discharge Instructions****Laceration Care**

A laceration is a cut or lesion that goes through all layers of the skin and into the tissue just beneath the skin.

BEFORE THE PROCEDURE

The laceration will be inspected by your caregiver for amount and extent of tissue damage, for bleeding, for evidence of foreign bodies (pieces of dirt, glass, etc.), and for cleanliness. Pain medications can be used if necessary. The wound will then be cleansed to help prevent infection. Sutures, staples or skin adhesive strips will be used to close the wound, stop bleeding and speed

healing. Sometimes this will decrease the likelihood of infection and bleeding.

LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies.
- Medications taken including herbs, eye drops, over the counter medications, and creams.
- Use of steroids (by mouth or creams).
- Previous problems with anesthetics or novocaine.
- Possibility of pregnancy, if this applies.
- History of blood clots (*thrombophlebitis*).
- History of bleeding or blood problems.
- Previous surgery.
- Other health problems.

RISKS AND COMPLICATIONS

Most lacerations heal fully. The healing time required varies depending on location. Complications of a laceration can include pain, bleeding, infection, *dehiscence* (splitting open or separation of the wound edges) and scar formation. The likelihood of complication depends on wound complexity, location, and on how the laceration occurred.

HOME CARE INSTRUCTIONS

- If you were given a dressing, you should change it at least once a day, or as instructed by your caregiver. If the bandage sticks, soak it off with water.
- Twice a day, wash the area with soap and water and rinse with plain water to remove all soap. Pat (do not rub) dry with a clean towel. Look for signs of infection (see below).
- Re-apply prescribed creams or ointments as instructed. This will help prevent infection. This also helps keep the bandage from sticking.
- If the bandage becomes wet, dirty, or develops a foul smell, change it as soon as possible.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your doctor.
- Have your sutures, staples or skin adhesive strips removed as instructed. Skin adhesive strips will peel off from the outer edges toward the center and will eventually fall off. Report to your caregiver if the strips are falling off and the wound does not appear fully healed.

SEEK MEDICAL CARE IF:

- There is redness, swelling, or increasing pain in the wound.
- There is a red line that goes up your arm or leg.
- Pus is coming from wound.
- You develop an unexplained oral temperature above 102° F (38.9° C), or as your caregiver suggests.
- You notice a foul smell coming from the wound or dressing.
- There is a breaking open of the wound (edges not staying together) before or after sutures have been removed.
- You notice something coming out of the wound such as wood or glass.
- The wound is on your hand or foot and you find that you are unable to properly move a finger or toe.
- There is severe swelling around the wound causing pain and numbness or a change in color in your arm, hand, leg, or foot.

SEEK IMMEDIATE MEDICAL CARE IF:

- Pain is not controlled with prescribed medication or with acetaminophen or ibuprofen.
- There is severe swelling around the wound site.
- The wound splits open and bleeding recurs.
- You experience worsening numbness, weakness, or loss of function of any joint around or beyond the wound.
- You develop painful lumps near the wound or on the skin anywhere on your body.

If you did not receive a tetanus shot today because you did not recall when your last one was given, make sure to check with your caregiver when you have your sutures removed to determine if you need one.

MAKE SURE YOU:

- Understand these instructions.

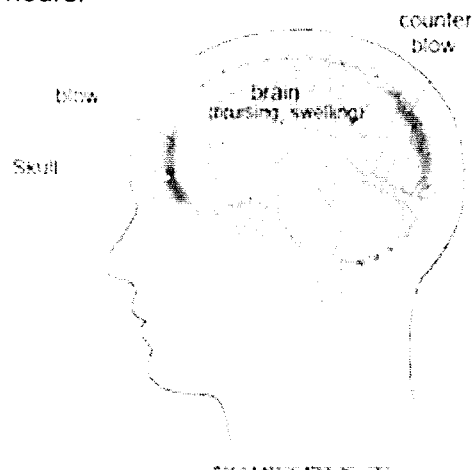
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Re-Released: 03/14/2011

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Head Injuries, Adult

You have had a head injury which does not appear serious at this time. A **concussion** is a state of changed mental ability, usually from a blow to the head. You should take clear liquids for the rest of the day and then resume your regular diet. You should not take sedatives or alcoholic beverages for 48 hours after discharge. After injuries such as yours, most problems occur within the first 24 hours.



THESE MINOR SYMPTOMS MAY BE SEEN AFTER DISCHARGE:

- | | | |
|-----------------------|------------------------|---------------------------------|
| • Memory difficulties | • Double vision | • Tiredness |
| • Dizziness | • Hearing difficulties | • Weakness |
| • Headaches | • Depression | • Difficulty with concentration |

If you experience any of these problems, you should not be alarmed. A concussion requires a few days for recovery. Many patients with head injuries frequently experience such symptoms. Usually, these problems disappear without medical care. If symptoms last for more than one day, notify your caregiver. **See your caregiver sooner if symptoms are becoming worse rather than better.**

HOME CARE INSTRUCTIONS

- During the next 24 hours you must stay with someone who can watch you for the warning signs listed below.

Although it is unlikely that serious side effects will occur, you should be aware of signs and symptoms which may necessitate your return to this location. Side effects may occur up to 7 – 10 days following the injury. It is important for you to carefully monitor your condition and contact your caregiver or seek immediate medical attention if there is a change in your condition.

SEEK IMMEDIATE MEDICAL CARE IF:

- There is confusion or drowsiness.
- You can not awaken the injured person.
- There is *nausea* (feeling sick to your stomach) or continued, forceful vomiting.
- You notice dizziness or unsteadiness which is getting worse, or inability to walk.
- You have convulsions or unconsciousness.
- You experience severe, persistent headaches not relieved by over-the-counter or prescription medicines for pain. (Do not take aspirin as this impairs clotting abilities). Take other pain medications only as directed.
- You can not use arms or legs normally.
- There is clear or bloody discharge from the nose or ears.

MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 12/18/2006 Document Re-Released: 12/06/2010
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Hand Washing Education

Hand Washing

An Ounce of Prevention Keeps the Germs Away

Staying healthy is important to you and your entire family. Follow these easy, low-cost steps to help stop many infectious diseases before they happen.

HOW TO WASH

- Wet your hands and apply liquid, bar, or powder soap.
- Rub hands together vigorously to make a lather and scrub all surfaces. Be sure to clean between the fingers and around the nails.
- Continue for 20 seconds! It takes that long for the soap and scrubbing action to dislodge and remove stubborn germs. Need a timer? Imagine singing "Happy Birthday" all the way through twice!
- Rinse hands well under running water.
- Dry your hands using a paper towel or air dryer.
- If possible, use your paper towel or elbow to turn off the faucet. This will help avoid re-exposure to germs on the handle.

WASH YOUR HANDS OFTEN

When to Wash

- Before and after eating.
- Before, during, and after handling or preparing food.
- After contact with blood or body fluids (like vomit, nasal secretions, or saliva). This means washing after you blow your nose!
- Before and after changing a diaper.
- After you use the bathroom.
- After handling animals, their toys, leashes, or waste.
- After touching something that could be contaminated (such as a trash can, cleaning cloth, drain, or soil).
- Before and after taking care of (*dressing*) a wound, giving medicine or inserting contact lenses.
- More often when someone in your home is sick.
- Whenever they become soiled.

If soap and water are not available, use an alcohol based wipe or hand gel! Keeping your hands clean is one of the best ways to keep from getting sick and spreading illnesses. Cleaning your hands gets rid of germs you pick up:

- From other people.
- From the surfaces you touch.
- From the animals you come in contact with.

This information is courtesy of the CDC.

Document Released: 08/08/2006 Document Re-Released: 06/07/2011

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Financial Classification Instructions

You may be eligible for benefits to pay all or part of your hospital bills through one or

The JS 44 civil coversheet and the information contained herein neither replace nor supplement the filing and service of pleadings or other papers as required by law, except as provided by local rules of court. This form, approved by the Judicial Conference of the United States in September 1974, is required for the use of the Clerk of Court for the purpose of initiating the civil docket sheet. (SEE INSTRUCTIONS ON NEXT PAGE OF THIS FORM.)

I. (a) PLAINTIFFS

Rene D. BRAVO **Dallas**

(b) County of Residence of First Listed Plaintiff
(EXCEPT IN U.S. PLAINTIFF CASES)

(c) Attorneys (Firm Name, Address, and Telephone Number)

DEFENDANTS

United States of America **Dallas**

County of Residence of First Listed Defendant

(IN U.S. PLAINTIFF CASES ONLY)

NOTE: IN LAND CONDEMNATION CASES, USE THE LOCATION OF THE TRACT OF LAND INVOLVED.

Attorneys (If Known)

II. BASIS OF JURISDICTION (Place an "X" in One Box Only)

- ☐ 1 U.S. Government Plaintiff
- ☒ 2 U.S. Government Defendant
- ☐ 3 Federal Question (U.S. Government Not a Party)
- ☐ 4 Diversity (Indicate Citizenship of Parties in item III)

III. CITIZENSHIP OF PRINCIPAL PARTIES (Place an "X" in One Box for Plaintiff and One Box for Defendant)

- | | PTF | DEF | | PTF | DEF |
|---|---------------------------------------|---------------------------------------|---|---------------------------------------|---------------------------------------|
| Citizen of This State | <input checked="" type="checkbox"/> 1 | <input checked="" type="checkbox"/> 1 | Incorporated or Principal Place of Business In This State | <input checked="" type="checkbox"/> 4 | <input checked="" type="checkbox"/> 4 |
| Citizen of Another State | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | Incorporated and Principal Place of Business In Another State | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| Citizen or Subject of a Foreign Country | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | Foreign Nation | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

IV. NATURE OF SUIT (Place an "X" in One Box Only)

CONTRACT	TORTS	FORFEITURE/PENALTY	BANKRUPTCY	OTHER STATUTES	
<input type="checkbox"/> 110 Insurance <input type="checkbox"/> 120 Marine <input type="checkbox"/> 130 Miller Act <input type="checkbox"/> 140 Negotiable Instrument <input type="checkbox"/> 150 Recovery of Overpayment & Enforcement of Judgment <input type="checkbox"/> 151 Medicare Act <input type="checkbox"/> 152 Recovery of Defaulted Student Loans (Excl. Veterans) <input type="checkbox"/> 153 Recovery of Overpayment of Veteran's Benefits <input type="checkbox"/> 160 Stockholders' Suits <input type="checkbox"/> 190 Other Contract <input type="checkbox"/> 195 Contract Product Liability <input type="checkbox"/> 196 Franchise	PERSONAL INJURY <input type="checkbox"/> 310 Airplane <input type="checkbox"/> 315 Airplane Product Liability <input checked="" type="checkbox"/> 320 Assault, Libel & Slander <input type="checkbox"/> 330 Federal Employers' Liability <input type="checkbox"/> 340 Marine <input type="checkbox"/> 345 Marine Product Liability <input type="checkbox"/> 350 Motor Vehicle <input type="checkbox"/> 355 Motor Vehicle Product Liability <input type="checkbox"/> 360 Other Personal Injury <input type="checkbox"/> 362 Personal Injury - Med. Malpractice	PERSONAL INJURY <input type="checkbox"/> 365 Personal Injury - Product Liability <input type="checkbox"/> 367 Health Care/Pharmaceutical Personal Injury Product Liability <input type="checkbox"/> 368 Asbestos Personal Injury Product Liability PERSONAL PROPERTY <input type="checkbox"/> 370 Other Fraud <input type="checkbox"/> 371 Truth in Lending <input type="checkbox"/> 380 Other Personal Property Damage <input type="checkbox"/> 385 Property Damage Product Liability	<input type="checkbox"/> 625 Drug Related Seizure of Property 21 USC 881 <input type="checkbox"/> 690 Other LABOR <input type="checkbox"/> 710 Fair Labor Standards Act <input type="checkbox"/> 720 Labor/Mgmt. Relations <input type="checkbox"/> 740 Railway Labor Act <input type="checkbox"/> 751 Family and Medical Leave Act <input type="checkbox"/> 790 Other Labor Litigation <input type="checkbox"/> 791 Empl. Ret. Inc. Security Act	<input type="checkbox"/> 422 Appeal 28 USC 158 <input type="checkbox"/> 423 Withdrawal 28 USC 157 PROPERTY RIGHTS <input type="checkbox"/> 820 Copyrights <input type="checkbox"/> 830 Patent <input type="checkbox"/> 840 Trademark SOCIAL SECURITY <input type="checkbox"/> 861 HIA (1395ff) <input type="checkbox"/> 862 Black Lung (923) <input type="checkbox"/> 863 DIWC/DIWW (405(g)) <input type="checkbox"/> 864 SSID Title XVI <input type="checkbox"/> 865 RSI (405(g))	<input type="checkbox"/> 375 False Claims Act <input type="checkbox"/> 400 State Reapportionment <input type="checkbox"/> 410 Antitrust <input type="checkbox"/> 430 Banks and Banking <input type="checkbox"/> 450 Commerce <input type="checkbox"/> 460 Deportation <input type="checkbox"/> 470 Racketeer Influenced and Corrupt Organizations <input type="checkbox"/> 480 Consumer Credit <input type="checkbox"/> 490 Cable/Sat TV <input type="checkbox"/> 850 Securities/Commodities/Exchange <input type="checkbox"/> 890 Other Statutory Actions <input type="checkbox"/> 891 Agricultural Acts <input type="checkbox"/> 893 Environmental Matters <input type="checkbox"/> 895 Freedom of Information Act <input type="checkbox"/> 896 Arbitration <input type="checkbox"/> 899 Administrative Procedure Act/Review or Appeal of Agency Decision <input type="checkbox"/> 950 Constitutionality of State Statutes
REAL PROPERTY <input type="checkbox"/> 210 Land Condemnation <input type="checkbox"/> 220 Foreclosure <input type="checkbox"/> 230 Rent Lease & Ejectment <input type="checkbox"/> 240 Torts to Land <input type="checkbox"/> 245 Tort Product Liability <input type="checkbox"/> 290 All Other Real Property	CIVIL RIGHTS <input checked="" type="checkbox"/> 440 Other Civil Rights <input type="checkbox"/> 441 Voting <input type="checkbox"/> 442 Employment <input type="checkbox"/> 443 Housing/Accommodations <input type="checkbox"/> 445 Amer. w/Disabilities - Employment <input type="checkbox"/> 446 Amer. w/Disabilities - Other <input type="checkbox"/> 448 Education	PRISONER PETITIONS <input type="checkbox"/> 510 Motions to Vacate Sentence Habeas Corpus: <input type="checkbox"/> 530 General <input type="checkbox"/> 535 Death Penalty <input type="checkbox"/> 540 Mandamus & Other <input type="checkbox"/> 550 Civil Rights <input type="checkbox"/> 555 Prison Condition <input type="checkbox"/> 560 Civil Detainee - Conditions of Confinement	FEDERAL TAX SUITS <input type="checkbox"/> 870 Taxes (U.S. Plaintiff or Defendant) <input type="checkbox"/> 871 IRS—Third Party 26 USC 7609		
			IMMIGRATION <input type="checkbox"/> 462 Naturalization Application <input type="checkbox"/> 463 Habeas Corpus - Alien Detainee (Prisoner Petition) <input type="checkbox"/> 465 Other Immigration Actions		

V. ORIGIN

(Place an "X" in One Box Only)

- ☒ 1 Original Proceeding
- ☐ 2 Removed from State Court
- ☐ 3 Remanded from Appellate Court
- ☐ 4 Reinstated or Reopened
- ☐ 5 Transferred from another district (specify)
- ☐ 6 Multidistrict Litigation

VI. CAUSE OF ACTION

Cite the U.S. Civil Statute under which you are filing (Do not cite jurisdictional statutes unless diversity):

Brief description of cause:

Pain & Suffering to be negotiated

VII. REQUESTED IN COMPLAINT:

☐ CHECK IF THIS IS A CLASS ACTION UNDER F.R.C.P. 23

DEMAND \$

\$15,000,000

CHECK YES only if demanded in complaint:

JURY DEMAND: ☐ Yes ☐ No

VIII. RELATED CASE(S) PENDING OR CLOSED:

(See instructions):

JUDGE

DOCKET NUMBER

DATE

AUG 22, 2013

SIGNATURE OF ATTORNEY OF RECORD

Rene D. Bravo

FOR OFFICE USE ONLY

RECEIPT #

AMOUNT

APPLYING IFP

JUDGE

MAG. JUDGE